

# Approaching Social Anxiety:

## Leading an Exposure-Based Group

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### Coping Skills

Cognitive restructuring  
Relaxation strategies  
Social skills  
Problem solving skills

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# Distress Tolerance Coping Model

- For older teens and adults, the goal is not to STOP anxious feelings but to experience and tolerate them
  - Anxiety is a normal part of life
  - Those with anxiety often magnify the severity of stressors while minimizing their ability to cope with stressors – exposures provide an opportunity to improve their perception of their ability to cope with distress
  - By facing high levels of distress and successfully completing an exposure, teens experience reduced fear of distress and, consequently, reduced functional impairment associated with anxiety

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## When to start exposures?

- Who is appropriate for exposures?
  - Those diagnosed with social anxiety whose anxiety impairs their social functioning in at least one domain
  - Those with secondary depression perpetuated by anxiety's impairment
- Who is not appropriate for exposures?
  - Active suicidal ideations or homicidal ideations
  - Recent suicide attempts or ongoing self-injurious behaviors
  - Individuals with active psychosis
  - Individuals who are primarily depressed
- Exposures are more about desensitization vs. counter conditioning
  - Goal is not to learn to feel calm in the presence of those stimuli but to learn that you can feel distressed and successfully cope
  - Skills are nice but not required for successful exposures

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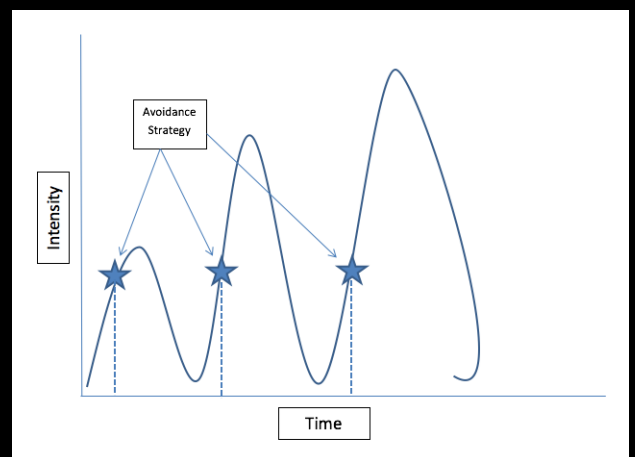
## Getting Buy-In

- Psychoeducation regarding the cycle of avoidance
  - For older teens, discuss the distress intolerance model
  - For children help them identify how avoidance has made their anxiety worse
- Identify times that they have unknowingly used an exposure technique
  - For example – their first appointment with you, their first day at school, sitting in your waiting room, etc.
- What is their life worth living? Do current patterns help them achieve those goals?

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## Psychoeducation

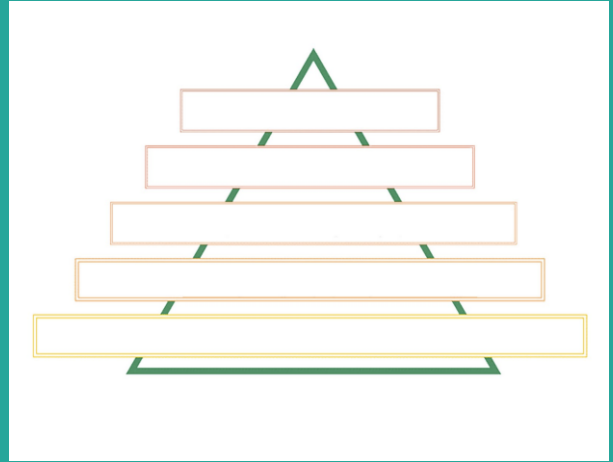
- Review physiological manifestations of anxiety
- Introduce concept of thinking, feeling, doing
- Review the cycle of avoidance
- Discuss concept of approach vs. avoid



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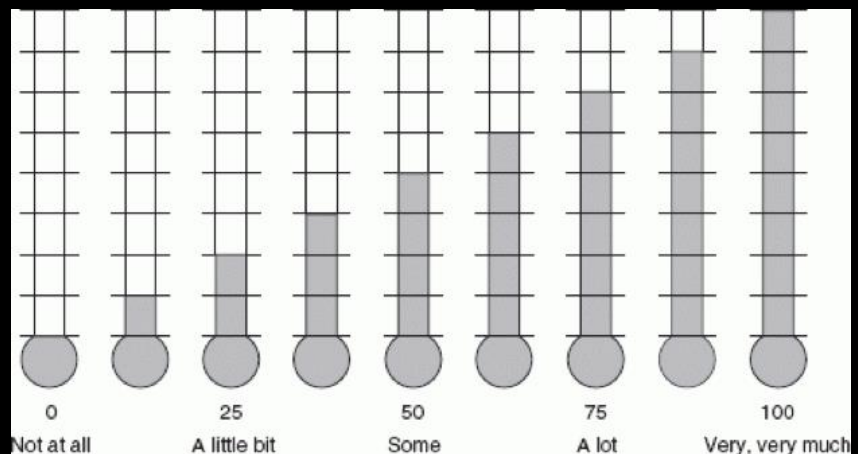
# Building a Fear and Avoidance Hierarchy (FAH)

- Identify situations that elicit anxiety
- Collaboratively generate a hierarchy of those situations
- Ideally the hierarchy should begin with something anxiety provoking but achievable – build up some victories to start



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# Gathering SUDS



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### My Fear and Avoidance Hierarchy

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Situation	Fear 0-100	Avoidance 0-100

From: Mark Williams, Patricia K. O'Connell, Edna Foa  
 Mind Over Fear: A Workbook for Overcoming Anxiety  
 Oxford Clinical Psychology | Oxford University Press

# Fear and Avoidance Hierarchy

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## Constructing Exposures

- Start small and continue to work up the scale
- Identify the underlying fear to better focus your exposure
  - For example, a child afraid of public speaking is usually not afraid of public speaking itself but the possibility of embarrassing themselves, saying something “stupid”, or appearing anxious in front of the group
- “Double exposures”
- Get creative!
  - Use technology, coworkers, and public space near your office
  - Don't be afraid to get silly
- In-Vivo, Interoceptive, and Imaginal Exposures

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# Exposure Form

**EXPOSURE FORM**

Date: \_\_\_\_\_

Description of Exposure: \_\_\_\_\_

Goals of the exposure:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Prediction of what will happen during the exposure:

\_\_\_\_\_

\_\_\_\_\_

<b>Negative Automatic Thoughts:</b>	<b>Rational Responses:</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**SUDs:**

Baseline: _____	Minute 6: _____	Minute 12: _____
Minute 1: _____	Minute 7: _____	Minute 13: _____
Minute 2: _____	Minute 8: _____	Minute 14: _____
Minute 3: _____	Minute 9: _____	Minute 15: _____
Minute 4: _____	Minute 10: _____	Minute 16: _____
Minute 5: _____	Minute 11: _____	Post-SUDs: _____

What actually happened during the exposure:

\_\_\_\_\_

\_\_\_\_\_

How can you praise yourself? \_\_\_\_\_

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# Completing Exposures

Double Exposures

Leader participation in exposures

Group exposures

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## Exposures over TeleHealth

- Considerations:
  - Be aware of avoidance methods: turning off camera, using chat to participate, aiming camera at ceiling away from face
  - Identify if and how this is problematic
    - Participation requirements for school
    - Social connection
    - Use the self - “I’d really like to see you face while we talk today!” or “Do worry thoughts gets in the way of turning the camera on?”
- Planning - be creative!
  - Ordering delivery over the telephone instead of using an app
  - Facetime with a family member or friend you haven’t seen recently
  - Speaking in virtual class or keeping camera on face during class
  - Wear a “wacky hair-do” or outfit to therapy session
  - Give a “Zoom” presentation

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## Role Play

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## Parent Involvement

- How much do we involve the family?
  - Anxiety disorders are often heritable – it is likely that others in the family have anxiety disorders
  - Does the family system perpetuate the child’s anxiety and behavioral avoidance patterns?
- Provide psychoeducation to help the family support the child in treatment
- Assistance with exposures out of session
- Skills coaching
- How to identify and disrupt avoidance patterns

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## Parent involvement (cont.)

- Manage your own anxiety
  - Does allowing your child’s (or client’s) avoidance negatively reinforce you through removing your anxiety?
  - “Make sure” parenting - jumping in to “make sure” tasks are completed can communicate “I don’t think you can do it” to teen
  - Coach parent on how to coach teen: explain exposure process to parent to help guide through situation

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# Behavior Management

Promote approaching versus avoiding with reward

Remove positive reinforcement/limit negative reinforcement for avoidant

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## School Avoidance

- Basic behavioral recommendations
  - Be firm
  - Be consistent
- Exposures to get them back in school
- Making a structured but dynamic plan driven by child need and response to intervention
  - 504 Plan
  - Not escaping demand but changing demand to meet child where they are at
  - This is a temporary plan in reducing academic engagement that allows for long-term participation and engagement in learning

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## Reintegration to in-person situations

- Plan for success - start early!
  - Reduce vulnerability by stabilizing sleep schedule and self-care well before returning to school
- Validate realistic worries and frustrations
  - Many kids have voiced frustrated of “open then closing” of in-person classes or worries about a COVID exposure
- Communication between therapist, family, and school
  - Provide strategies for tolerating anxiety in school - are these strategies reasonable for school to accommodate? What needs to be communicate to translate skills from session to school setting?